

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	1/7/2005
IMR Application Received:	8/7/2013
MAXIMUS Case Number:	CM13-0007676

- 1) MAXIMUS Federal Services, Inc. has determined the request for **acupuncture Qty. 8 is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/7/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/13/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **acupuncture Qty. 8** is not **medically necessary and appropriate**.

### **Medical Qualifications of the Expert Reviewer:**

The independent expert reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic and Acupuncture, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Expert Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

The claimant is a 60 year old male who was involved in a work related injury on 1/7/2005. He currently complains of low back pain, left leg pain and paresthesias. His diagnosis is chronic lumbar radiculopathy. He has had prior lumbar surgery in 2005, physical therapy, water therapy, oral pain medications, and HEP therapy. The patient has also had 14 prior acupuncture sessions. There was significant documented functional improvement for six acupuncture visits rendered from 6/12/2013 to 6/23/2013.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for acupuncture Qty. 8 :**

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the CA Acupuncture Medical Treatment Guidelines and the Chronic Pain Medical Treatment Guidelines, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, which is part of the MTUS and the Official Disability Guidelines (ODG) Low Back, Acupuncture, which is not part of MTUS.

Rationale for the Decision:

A review of the submitted medical records indicates the employee has had 14 prior acupuncture sessions. The medical records indicate there was significant functional improvement documented from six acupuncture visits in June 2013. However, it is unclear whether the additional eight visits were rendered prior to June 2013 or after June 2013. If the additional eight visits were rendered after June 2013, there is no further documentation on the efficacy of these eight visits and functional improvement from these follow-up visits. According to the Official Disability Guidelines, the total recommended visits for low back pain are 8-12 visits. The 14 prior visits are already in excess of this recommendation. In the absence of documentation on the eight visits or a flare-up of the employee's condition, eight further visits is not medically necessary. **The request for acupuncture Qty. 8 is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.